

REISSUE \$

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-003
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

PSORAYA-04923

First Named Inventor

HARZOOK MARY

Original Patent Number

5,852,060

Original Patent Issue Date
(Month/Day/Year)

12-22-98

Express Mail Label No.

EC 658778104115

APPLICATION FOR REISSUE OF:
(Check applicable box)☒ Utility Patent☐ Design Patent☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of
Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to
the claims. See 37 CFR 1.173 (c).
8. ☐ Original U.S. Patent for surrender
☐ Ribbonded Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other:

12-21-2000

U.S. Patent & TMO/TM Mail Rcpt Dt #70

15. CORRESPONDENCE ADDRESS

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Signature	<i>J. Mitchell Jones</i>	Date	12/21/00

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) <i>PSORAYA-14922</i>			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A) <i>6</i>	Total Claims (37 CFR 1.16(j))	(B) <i>6</i>	**** =	x \$	=	<i>0</i>	or	x \$ =
(C) <i>3</i>	Independent claims (37 CFR 1.16(i))	(D) <i>3</i>	• =	x \$	=	<i>0</i>		x \$ =
Basic Fee (37 CFR 1.16(h))					<i>\$353</i>			
Total Filing Fee					<i>\$353</i>		OR \$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	*** <i>51</i>	MINUS	** <i>20</i>	* = <i>31</i>	x \$ <i>9</i>	=	<i>279</i>	x \$ =
Independent Claims (37 CFR 1.16(i))	*** <i>13</i>	MINUS	***** <i>3</i>	= <i>10</i>	x \$ <i>40</i>	=	<i>400</i>	x \$ =
Total Additional Fee					<i>679</i>		OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p style="margin-left: 20px;">A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <i>08-1290</i>.</p> <p style="margin-left: 20px;">A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <i>1,034.00</i> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<p><i>12/21/00</i> Date</p>				<p><i>[Signature]</i> Signature of Applicant, Attorney or Agent of Record</p> <p><i>J. Mitchell Jones</i> Typed or printed name</p>				